



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888

February 12, 2008

Linda Ghramm, Administrator  
The Courtyard on Division by Beehive  
2100 Sherman Avenue  
Coeur d'Alene, ID 83814

License #: RC-853

Dear Ms. Ghramm:

On January 9, 2008, a complaint investigation survey was conducted at The Courtyard on Division by Beehive - Silver Valley Beehive Homes, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Rachel Corey, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Corey".

RACHEL COREY, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

RC/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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January 24, 2008

Linda Ghramm, Administrator  
The Courtyard on Division by Beehive  
2100 Sherman Avenue  
Coeur d'Alene, ID 83814

Dear Ms. Ghramm:

On January 9, 2008, a Complaint Investig. survey was conducted at Courtyard on Division by Beehive, The - Silver Valley Beehive Homes, LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 9, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Community Care Program

JS/sc

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R853</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/09/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>COURTYARD ON DIVISION BY BEEHIVE, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>208 SOUTH DIVISION STREET PINEHURST, ID 83850</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p><b>Initial Comments</b></p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the complaint investigation conducted at your facility. The surveyors conducting the complaint investigation were:</p> <p>Rachel Corey R.N. Team Coordinator Health Facility Surveyor</p> <p>Debbie Sholley L.S.W. Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

VCLF11

If continuation sheet 1 of 1



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Linda Ghramm, Administrator  
The Courtyard on Division by Beehive  
2100 Sherman Avenue  
Coeur D'Alene, ID 83814

Dear Ms. Ghramm:

On January 9, 2008, a complaint investigation survey was conducted at Courtyard on Division by Beehive, The - Silver Valley Beehive Homes, LLC. The survey was conducted by Rachel Corey, RN and Debra Sholley, LSW. This report outlines the findings of our investigation.

**Complaint # ID00003290**

**Allegation #1:** Facility caregivers did not receive training for an identified resident regarding hip precautions and catheter care.

**Findings:** Based on interview and record review it could not be determined caregivers did not receive training regarding hip precautions and catheter care.

On January 9, 2008 at 11:00 a.m., two caregivers confirmed they received training for the identified resident's hip precautions and catheter care. Both caregivers stated if they had concerns or questions about the resident's care needs they would contact the nurse. Additionally, when asked, caregivers were able to verbalize their knowledge regarding catheter care and hip precautions.

A nursing note dated December 20, 2007 documented, "Staff instructed on how to transfer resident with right foot pivot, frequent turning Q 2 hours, pillow propping behind back, between knees and ankles, pillow in front to hug to keep body in alignment. Nursing provided a printed sheet to act as a guideline but instructed staff to call nursing for any questions and to report any changes in health status... Home health agency contacted for physical therapy to teach transfers."

**Conclusion:** Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #2: The facility RN did not assess an identified resident's change in condition.

Findings: Based on interview and record review, it could not be determined the facility RN did not assess an identified resident when there was a change in condition.

On January 9, 2008 at 10:30 a.m., the facility R.N. stated the identified resident had a recent change in condition, where she experienced an increase in pain and did not want to participate in physical therapy. The facility R.N. stated she sent her to the emergency room to be immediately evaluated. New orders were received regarding pain control and positioning.

A nursing note regarding the resident's surgical wound, dated December 21, 2007 documented, ".....drainage had increased and family was contacted. Nursing made arrangement to transfer resident to (###) for evaluation of drainage at (###) after consulting with (###)."

A nursing note dated January 2, 2008 documented, "Resident has significant pain in left hip and unable to bear weight-had physical therapy yesterday and was able to walk approx 20 feet...should be seen in the ER for eval-talked with (###) and he agreed, sent resident to (###) for further eval."

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,



RACHEL COREY, RN

Team Leader

Health Facility Surveyor

Residential Community Care Program

RC/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program  
Rachel Corey, RN, Health Facility Surveyor



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The Courtyard on Division by Beehive  
2100 Sherman Avenue  
Coeur D'Alene, ID 83814

Dear Ms. Ghramm:

On January 9, 2008, a complaint investigation survey was conducted at Courtyard on Division by Beehive, The - Silver Valley Beehive Homes, LLC. The survey was conducted by Rachel Corey, RN and Debra Sholley, LSW. This report outlines the findings of our investigation.

**Complaint # ID00003362**

Allegation #1: Residents' charts were not kept confidential.

Findings: Based on observation and interview, it could not be determined Residents' charts were not kept confidential.

On January 9, 2008 at 9:40 a.m., the house manager stated residents' hard charts are kept locked up in office and only caregivers in need of the information have access. Additionally, she stated most of the residents' records are computerized and only authorized staff have access and must input appropriate passwords to gain access.

On January 9, 2008 and 9:45 a.m., the computer system was observe to be in a locked office. Additionally, hard charts were observed locked up in two separate offices.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #2: Employee background checks were not being done.

Findings: Based on record review, it was determined employed background checks were not completed on all employees.

On January 9, 2008, review of employee records, revealed four of nine staff did not have evidence of criminal history clearance in their records.

**Conclusion:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.730.01.g for failing to ensure all criminal history checks were conducted on all employees. The facility was required to submit evidence of resolution within 30 days.

**Allegation #3:** Caregivers were assisting residents with medications without having medication certification.

**Findings:** Based on record review, it could not be determined caregivers were assisting residents with medications without the appropriate medication certification.

On January 9, 2008, 9 out of 9 employee records were reviewed and all contained documentation of medication certification training and nursing delegation to assist residents with medication.

**Conclusion:** Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

**Allegation #4:** Caregivers were not provided delegation and education regarding acute residents.

**Findings:** Based on interview and record review, it could not be determined caregivers had not received delegation and training in regards to acute residents' care needs.

On January 9, 2008 at 9:40 a.m., two caregivers stated whenever a resident required a change in cares, the facility R.N. taught them the necessary procedures to meet those care needs. They further stated they contacted the facility R.N. whenever they had any questions or concerns.

On January 9, 2008, a resident who required extensive cares, including Foley catheter care and hip precautions was reviewed. A nursing note dated December 20, 2007 documented, "Staff instructed on how to transfer resident with right foot pivot, frequent turning Q 2 hours, pillow propping behind back, between knees and ankles, pillow in front to hug to keep body in alignment. Nursing provided a printed sheet to act as a guideline but instructed staff to call nursing for any questions and to report any changes in health status... Home health agency contacted for physical therapy to teach transfers."

On January 9, 2008, during further review of the resident's record, an exercise and positioning instruction sheet addressed to staff was found, which was dated November 10, 2007.

On January 9, 2008 a "Delegation of Nursing Duties" booklet documented all staff had been delegated catheter care.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #5: Residents were not provided a safe environment due to having candles burning throughout the facility.

Findings: Based on observation, it could not be determined a safe environment was not provided to residents due to having candles burning throughout the facility.

On January 9, 2008 between 8:00 a.m., and 1:00 p.m., observations were made of the facility. No candles were observed at the facility.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #6: Medications were not given according to physician's orders.

Findings: Based on record review and interview, it could not be determined medications were not given according to physician's orders.

On January 9, 2008, two sampled resident records were reviewed. All medication orders corresponded with the last 30 days of each resident's medication administration record.

On January 9, 2008 at 10:30 a.m., the facility R.N. stated caregivers call her before giving prn medications and she provides appropriated instructions to them.

On January 9, 2008 at 11:10 a.m., a sampled resident stated all medications were given on time and as ordered.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #7: Medication errors were covered up by falsifying records.

Findings: Based on interview it could not be determined medication errors were covered up by falsifying records.

On January 9, 2008 at 10:30 a.m., the facility R.N. stated residents' medication records were computerized and, "you can't deleted entries, you can add notes about what happened, but you can't modify the records."

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.



Allegation #8: Residents' were not protected from abuse. Staff were pulling residents by the arms and shoving them down on their beds.

Allegation: Based on observation and record review, it could not be determined residents were not protected from abuse.

On January 9, 2008 between 8:00 a.m. and 1:00 p.m., observations were made of all residents and staff interactions with the residents. No physical signs of abuse were observed. Additionally, staff were not observed treating residents harshly.

On January 9, 2008 at 9:10 a.m., the house manager stated she has frequently spent the night in a chair besides the residents requiring extra care and attention.

On January 9, 2008 at 11:10 a.m., a resident stated, "Everyone here is cheerful. Staff are so good with me, helping me turn and reposition. Staff are so sweet. TLC only describes them. The house manager even stayed up with me one night in a chair beside me when I needed extra care."

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



RACHEL COREY, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

RC/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program  
Rachel Corey, RN, Health Facility Surveyor



## ASSISTED LIVING

### Non-Core Issues

### Punch List

Facility Name Courttyard on Division #1	Physical Address 208 South Division St.	Phone Number 208-682-9170
Administrator Lisa Hagerman (acting)	City Pinehurst, ID	ZIP Code 83850
Survey Team Leader Rachel Corey	Survey Type Complaint Investigation	Survey Date 1-9-08
<b>NON-CORE ISSUES</b>		

## NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

Date Signed \_\_\_\_\_

2-9-08

Signature of Facility Representative  
Sara Naganick

House 11/11/1904  
Shade = yellow

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